


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90022 035 \*\*\*\*61.25

<b>DOCUMENT # N01000003004</b>	
1. Entity Name <b>TITUSVILLE SAIL AND POWER SQUADRON, INC.</b>	

Principal Place of Business <b>KENNEDY POINT YACHT CLUB 4749 S. WASHINGTON AVE. TITUSVILLE FL 32780</b>	Mailing Address <b>KENNEDY POINT YACHT CLUB 4749 S. WASHINGTON AVE. TITUSVILLE FL 32780</b>
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2. Principal Place of Business <b>KAREN ANDROS</b>	3. Mailing Address <b>4605 ASHLEY DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TITUSVILLE, FL</b>	City & State <b>TITUSVILLE, FL</b>
Zip <b>32780</b>	Zip <b>32780</b>
Country <b>USA</b>	Country <b>USA</b>



1st MOORE CR2E037 (10/04)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MURPHY, BARBARA R 336 PRINCETON DR. OVIEDO FL 32765</b>	
7. Name and Address of New Registered Agent Name: <b>ANDROS, KAREN M</b> Street Address (P.O. Box Number is Not Acceptable): <b>4605 ASHLEY DR</b> City: <b>TITUSVILLE</b> FL Zip Code: <b>32780</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDR HARTMAN, STAN 838 CRESTWOOD AVE. TITUSVILLE FL 32796 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDR WADE, BRUCE G 3545 Sable Palm Ln. TITUSVILLE, FL 32780 - APT L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD MURPHY, FRANKLIN 336 PRINCETON DR. OVIEDO FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD DUNN, JR, JOSEPH 905 ALABAMA SE TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SED MURPHY, JERRY 5099 RIVERRIDGE DR. TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A THOMPSON, GILBERT 3128 SIR HAMPILTON CIR. TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A BANDILLA, MATTHEW W 1736 PRIVATEER DR TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MURPHY, BARBARA 336 PRINCETON DR OVIEDO FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDROS, KAREN M 4605 ASHLEY DR TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/10/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #